



WELL CHILD EXAM - EARLY
CHILDHOOD: 3 YEARS
(Meets EPSDT Guidelines)

DATE

EARLY CHILDHOOD: 3 YEARS

PARENT TO COMPLETE
ABOUT THE CHILD

CHILD'S NAME

DATE OF BIRTH

ALLERGIES

CURRENT MEDICATIONS

ILLNESSES/ACCIDENTS/PROBLEMS/CONCERNS SINCE LAST VISIT

YES NO

☐ ☐

My child eats a variety of foods.

YES NO

☐ ☐

My child can jump off a step with both feet.

☐ ☐

My child knows his/her name, age and sex.

☐ ☐

My child stays dry during the night most of the time.

☐ ☐

My family understands my child's speech.

☐ ☐

I have concerns about my child's hearing/vision.

WEIGHT KG/OZ. OERCEBTUKE

HEIGHT CM/IN. PERCENTILE

BLOOD PRESSURE

☐ Review of systems

☐ Review of family history

Screening:

MHZ

R

L

Hearing Screen

4000

2000

1000

500

Vision Screen

20/

20/

N

A

Development

☐

☐

Behavior

☐

☐

Social/Emotional

☐

☐

Gross Motor

☐

☐

Fine Motor

☐

☐

Communication

☐

☐

Physical:

N

A

General appearance

☐

☐

Chest

N

A

☐

☐

Skin

☐

☐

Lungs

☐

☐

Head

☐

☐

Cardiovascular/Pulses

☐

☐

Eyes

☐

☐

Abdomen

☐

☐

Ears

☐

☐

Genitalia

☐

☐

Nose

☐

☐

Spine

☐

☐

Oropharynx/Teeth

☐

☐

Extremities

☐

☐

Neck

☐

☐

Neurological

☐

☐

Nodes

☐

☐

Gait

☐

☐

Mental Health

☐

☐

Describe abnormal findings:

Diet

Elimination

Sleep

☐ Hct/Hgb

☐ Dental Referral

☐ Tb

☐ Lead Exposure

☐ Fluoride Supplements

☐ Fluoride Varnish

☐ Review Immunization Record

Health Education: (Check all completed)

☐ Nutrition

☐ Child Care

☐ Development

☐ Regular Physical Activities

☐ Car Seat or Booster Seat

☐ Safety

☐ Discipline/Limits

☐ Toilet Training

☐ Passive Smoking

☐ Limit TV

☐ Friendship/Siblings

☐ Other

Assessment:

IMMUNIZATIONS GIVEN

REFERRALS

NEXT VISIT: 4 YEARS OF AGE

HEALTH PROVIDER NAME

HEALTH PROVIDER SIGNATURE

HEALTH PROVIDER ADDRESS

Your Toddler's Health at 3 Years

Milestones

Ways your toddler is developing between 3 and 4 years of age.

Can sing a simple song.

Tells you about things he has done.

Knows her first and last names.

Builds towers of 9-10 blocks.

Jumps and hops on one foot.

Tries to draw a person with several parts (such as head, body, legs).

Plays simple games with friends, beginning to share toys.

Enjoys simple picture puzzles.

You help your child learn new skills by playing with her.

For Help or More Information

Learn infant and child CPR and first aid:

Ask about classes at your local fire station or health department.

Car Seat or Booster Seat Questions:

Safety Restraint Coalition,
1-800-BUCK-L-UP (voice) or
1-800-833-6388 (TTY Relay).

Free developmental screening: Healthy Mothers, Healthy Babies Information and Referral Line, 1-800-322-2588 (voice) or 1-800-833-6388 (TTY Relay).

Health Tips

Water is a healthy drink. Offer it instead of sweet drinks with snacks. Your child still needs about two cups of milk each day.

Offer a variety of fruits and vegetables daily.

Help your child brush his teeth every day. Use a tiny pea-sized amount of fluoride toothpaste.

Take him for dental checkups at least once a year.

Teach your child to wash her hands well after playing and using the toilet and before eating.

Use soap and rub hands together for about 20 seconds.

Parenting Tips

Children learn best by doing. They need to:

- play active games (tag, ball, riding wheeled toys, climbing)
- play imagination games (using dolls, figure toys, story books)
- use toys that use their hands (blocks, big puzzles)

Limit television and computer time to less than one hour daily.

Read to your child every day. Talk with him about the pictures and story.

You are your child's best teacher. She watches how you treat others, eat, exercise, relax, use your seat belt, and cross the street. She tries to be like you.

Safety Tips

Check your home for hazards often. Your child is not yet old enough to stay away from things that could harm her, like matches, guns, and poisons. Lock them up!

Continue using a car seat until your child weighs 40 pounds. After that, use a booster seat up to about 80 pounds. Keep your child in the back seat.

Make sure he uses a helmet whenever he rides a tricycle, scooter, or other toys with wheels.

Guidance to Physicians and Nurse Practitioners for Early Childhood (3 years)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

Fluoride Screen

Check with local health department for fluoride concentration in local water supply, then use clinical judgment in screening. Look for white spots or decay on teeth. Check for history of decay in family.

Tuberculosis Screen

Screen for these risk factors:

- Members of household with tuberculosis or in close contact with those who have the disease.
- In close contact with recent immigrants or refugees from countries in which tuberculosis is common (e.g., Asia, Africa, Central and South America, Pacific Islands); migrant workers; residents of correctional institutions or homeless shelters or persons with certain underlying medical disorders.

Hepatitis B Vaccine

- For children and adolescents not vaccinated against hepatitis B in infancy, begin the hepatitis B vaccine series during any childhood visit. Give the second dose at least one month after the first dose and give the third dose at least four months after the first dose and at least two months after the second dose.

Developmental Milestones

Always ask parents if they have concerns about development or behavior. You may use the following screening list, or use the Ages and Stages Questionnaire, the Denver II, the ELMS2 (a language screen), or the MacArthur Communications Development Inventory.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Washes and dries hands. |
| <input type="checkbox"/> | <input type="checkbox"/> | Imitates vertical line. |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Says what to do when tired, cold, hungry.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Names 4 animals pictures (e.g., cat, dog, bird, horse).</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Identifies 2 animals pictures: "Which flies? Meows? Barks? Gallops?" |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Throws ball overhand.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Pedals tricycle.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Says "no!" often. |
| <input type="checkbox"/> | <input type="checkbox"/> | Persistent echolalia (repeating what was just said). |
| <input type="checkbox"/> | <input type="checkbox"/> | Inappropriate play with toys/no pretend play. |

Instructions for developmental milestones: At least 90% of children should achieve the underlined milestones by this age. If you have checked "no" on *even one* of the underlined items, or if you have checked one of the **boxed items** (abnormal behavior at this age), refer the child for a formal developmental assessment.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention. **Parents and providers may call Healthy Mothers, Healthy Babies with questions or concerns on childhood development.**